

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT <b>26-DEC-2015</b>		TIME <b>13:35:00</b>		2. ADDRESS OF OCCURRENCE <b>1032 W 103RD PL CHICAGO, IL 60643</b>				3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>2232</b>					
		5. POSITION <b>9161</b>		6. LAST NAME <b>BARANGO</b>		7. FIRST NAME <b>CHARLES J</b>		8. STAR NO. <b>15937</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>600</b>		12. HT. <b>200</b>	
SUBJECT INFORMATION		14. DATE OF APPT. <b>29-JUL-2002</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>005 0563E</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
		20. LAST NAME <b>SMITH</b>		21. FIRST NAME <b>MICHAEL</b>		22. M.I. <b>N P</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT <b>508</b>		27. WT <b>150</b>	
REASON FOR USE OF FORCE (Check all that apply)		28. ADDRESS <b>[REDACTED]</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>		34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	
		36. CHARGES PLACED <b>720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-1-A, 720 ILCS 5.0/12-1-A, 8-4-010(E), 8-4-0</b>		37. CB NO. <b>19241722</b>		38. DNA <input type="checkbox"/>		39. DNA <input type="checkbox"/>		40. DNA <input type="checkbox"/>		41. DNA <input type="checkbox"/>		42. DNA <input type="checkbox"/>		43. DNA <input type="checkbox"/>	
WEAPON DISCHARGE INCIDENT		39. DNA <input checked="" type="checkbox"/>		40. DNA <input type="checkbox"/>		41. DNA <input type="checkbox"/>		42. DNA <input type="checkbox"/>		43. DNA <input type="checkbox"/>		44. DNA <input type="checkbox"/>		45. DNA <input type="checkbox"/>		46. DNA <input type="checkbox"/>	
		47. DNA <input type="checkbox"/>		48. DNA <input type="checkbox"/>		49. DNA <input type="checkbox"/>		50. DNA <input type="checkbox"/>		51. DNA <input type="checkbox"/>		52. DNA <input type="checkbox"/>		53. DNA <input type="checkbox"/>		54. DNA <input type="checkbox"/>	
CASE INFO.		55. DNA <input type="checkbox"/>		56. DNA <input type="checkbox"/>		57. DNA <input type="checkbox"/>		58. DNA <input type="checkbox"/>		59. DNA <input type="checkbox"/>		60. DNA <input type="checkbox"/>		61. DNA <input type="checkbox"/>		62. DNA <input type="checkbox"/>	
		63. DNA <input type="checkbox"/>		64. DNA <input type="checkbox"/>		65. DNA <input type="checkbox"/>		66. DNA <input type="checkbox"/>		67. DNA <input type="checkbox"/>		68. DNA <input type="checkbox"/>		69. DNA <input type="checkbox"/>		70. DNA <input type="checkbox"/>	
SIGNATURES		71. DNA <input type="checkbox"/>		72. DNA <input type="checkbox"/>		73. DNA <input type="checkbox"/>		74. DNA <input type="checkbox"/>		75. DNA <input type="checkbox"/>		76. DNA <input type="checkbox"/>		77. DNA <input type="checkbox"/>		78. DNA <input type="checkbox"/>	
		79. DNA <input type="checkbox"/>		80. DNA <input type="checkbox"/>		81. DNA <input type="checkbox"/>		82. DNA <input type="checkbox"/>		83. DNA <input type="checkbox"/>		84. DNA <input type="checkbox"/>		85. DNA <input type="checkbox"/>		86. DNA <input type="checkbox"/>	

LOG# 1078622

Attachment 26

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

**76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt. attempted to interview the subject at 2015hrs. The subject was in Cell G-4 as R/Lt. approached the cell the subject appeared to be having a seizure. DSS Sgt. Pickett #1127 requested for EMS. CFD #60 arrived at 2020hrs and transported subject to Roseland Hospital. R/Lt. was not able to interview the subject due to his sudden illness.

**76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING**

Subject was an active resister therefore the department members actions were in compliance with the department procedures and directives.

**77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:**

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO \_\_\_\_\_ OBTAINED

**78. LIEUTENANT OR ABOVE/OCIC (Print Name)**

**GUTIERREZ, ADNARDO**

**SIGNATURE**

**DATE COMPLETED**

**TIME**

**26-DEC-2015 20:55:15**

**79. TOTAL TRR's THIS EVENT No.**

**3**

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